

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830400

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11		4				
12		2				
13		4				
14		4				
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16	1					
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36	1					
37		1				
38		4				
39		2				
40		4				
41		4				
42	1					
43		1				
44	1					
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46	1					
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49						
50						
TOTAL IND.	17		↓		↓	↓
TOTAL DEP.	52		↔		↔	↔
TOTAL CLAIMS	69					

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
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97					
98					
99					
100					
TOTAL IND.		↓		↓	↓
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 5-78)

U.S. DEPARTMENT OF COMMERCE
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